Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001809163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

L)
- 1
_
4

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AYO LUXARY RENTALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYO LUXARY RENTALS LLC	is now appeared our records	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Company Florida document number L20000261911	were filed on <u>08/24/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Ayo Miamiluxuryrentals L.L.C		202 SE
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation L.L.G
Enter new principal offices address, if applicable:	2019 main st	- Catalana
(Principal office address MUST BE A STREET ADDRESS)	*	
	Miramar Fl 33025	OF SEE
Enter new mailing address, if applicable:	2019 main st	H: 50 STATE
(Mailing address MAY BE A POST OFFICE BOX)	Miramar Fl 33024	
	Willamar Fi 33024	<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	Υ
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ï

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			-5 Change Company Change Company Change Company Compan
			FFI O Remove
			□ Change
			Add
			☐ Remove
			Change
			
			☐ Remove
			☐ Add
			☐ Remove
			Change

							_
	###**## <u>##############################</u>			,			
							 -
							
							
							_
							_
					::S	2021	_
		.,				YA	
					<u> </u>	ن ن	(2025)
					- 第 章	==	
					E S	<u>ය</u>	_
					i iii	0	_
							_
Affective date, if other than the fan effective date is listed, the date in	ust be specific and	cannot be prior t	o date of filing or	more than 90 days			
Note: If the date inserted in this document's effective date on the			ble statutory fil	ing requirements	s, this date wi	ll not be l	isted as
e record specifies a delayed The 90th day after the re	cord is filed.		an effective	time, at 12:	01 a.m. on	the ea	rlier of
Dated 05/05 R: Lung Park		2021					
				ve of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00